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	WITNESS REGISTRATION	
Committee Name: _	STR	
Public Hearing on:	3B 807	Date: <u>4</u> -15-15

Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u>.

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
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